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RUEHVN/AMEMBASSY VIENTIANE 0216
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RUEHJA/AMEMBASSY JAKARTA 4511
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C O N F I D E N T I A L SECTION 01 OF 04 TAIPEI 001069

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STATE FOR OES/IHA, OES/IHB FOR AMB LOFTIS, HHS FOR MARK
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SUBJECT: H1N1 HIGHLIGHTS TAIWAN'S SHORTCOMINGS IN RISK
COMMUNICATION AS CASES AND ACRIMONY MOUNT

REF: TAIPEI 1010 AND PREVIOUS

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Classified By: Economic Chief Hanscom Smith for reasons 1.4 (b) and (d)
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11. (SBU) SUMMARY. H1N1 has caused five deaths in Taiwan, and although the illness' trajectory is not atypical relative to other areas with outbreaks, more severe cases and deaths are expected in the coming months. Taiwan has placed an order for Tamiflu and an H1N1 vaccine from Swiss sources, and is working to ready a domestic vaccine for deployment by mid-November. Tamiflu and vaccine stockpiles together are expected to cover over 50 percent of the island's population. Increased competency in risk communication and public education would benefit Taiwan's efforts to combat H1N1, and there may be bilateral training opportunities with the U.S. available for Taiwan in these areas. AIT continues to monitor H1N1 and notes there is at least one confirmed case at the Taipei American School. An EAC is planned for September 7 to review overall preparedness and tripwires.
END SUMMARY.

SEVERE CASES INCREASE; DEATHS STILL AT 5

12. (SBU) According to the latest official statistics, Taiwan has had a total of 95 severe cases of H1N1 (now referred to publicly as "hospitalized" cases), of which 49 have been

discharged, 41 are still in hospital, and 5 have died. The Central Epidemic Command Center (CECC) recently announced that a viral specimen collected from the fifth death case was confirmed to have been Tamiflu-resistant. None of the other 45 Taiwan H1N1 cases analyzed thus far have shown Tamiflu-resistance. According to the WHO, a total of 12 cases of Tamiflu-resistant H1N1 have been detected globally (in Denmark, Japan, Canada, the U.S., China, Singapore, and Hong Kong). Taiwan CDC still estimates that nearly 9 out of every 10 flu cases in Taiwan are made up of the H1N1 strain, and there are likely 14,000 new cases of H1N1 weekly on the island.

H1N1 TREND NORMAL TO DATE, BUT SPIKE EXPECTED

13. (SBU) Contacts in the international health community, including U.S. CDC in Bangkok, note that there are no indications at present that the spread of H1N1 in Taiwan is out of line with regional trends, or that H1N1 in Taiwan currently presents medical concerns or challenges rising to the level of an emergency. Taiwan's medical response to H1N1 thus far is generally characterized by international health experts as reasonable, responsible, and transparent.

14. (SBU) Experts predict that over the coming months we will see a growth in H1N1 infections, in severe H1N1 cases, and in H1N1-related deaths in Taiwan. However, because Taiwan does not keep good historic data on its seasonal flu trends, it is difficult for epidemiologists to extrapolate how local transmission of H1N1 will progress through the fall and

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winter months. Health professionals do expect that as Taiwans return to the island during peak flu season from travel, study, and residence overseas in places such as Europe and the U.S., some of these travelers may bring H1N1 back to Taiwan with them, which will contribute to the growth of cases on the island.

TAMIFLU STOCKPILE GROWING AS VACCINE IS READIED

15. (SBU) Taiwan CDC (TCDC) announced on September 1 an order to purchase 2.68 million doses of Tamiflu from Swiss pharmaceutical company Roche. TCDC tells us that this purchase will bring Taiwan's total anti-viral medicine stockpile in line to treat 25 percent of the population (the current stockpile will treat 13 percent of the population; 2.21 million people with Tamiflu and 969,000 with Relenza). TCDC plans to at least temporarily stop purchasing Tamiflu after the shipment arrives from Roche, as the Tamiflu stockpile at that time, plus availability of an H1N1 vaccine, is expected to be sufficient to meet demand. On September 1, TCDC published Tamiflu guidelines and distributed to all hospitals island-wide. Individuals who react positively to a quick swab test will be given Tamiflu, as will individuals with "dangerous" flu symptoms who react negatively to the quick swab test. "Dangerous" symptoms are based on WHO definitions such as difficulty breathing, chest pain, blood in sputum, low blood pressure, and lowered level of consciousness. The guidelines note that there is no concrete evidence that Tamiflu can effectively prevent severe cases of H1N1 or death resulting from H1N1. TCDC Deputy Director Ling Ding tells us that his agency is concerned about Tamiflu resistance, and does not want to "wasteful" with use of the drug. Some foreign health experts have stated that the authorities' move to issue a waiver of H1N1 lab testing for individuals affected by Typhoon Morakot, so that they can receive Tamiflu if doctors notice any flu-like symptoms, is an apparent political move unsupported by medical science.

16. (SBU) Meanwhile, local bio-medical company Adimmune Corp expects to begin human clinical trials of an H1N1 vaccine in

early-October, and have 10 million doses ready to deploy by mid-November. TCDC announced plans on September 1 to purchase 5 million doses of H1N1 vaccine from Swiss pharmaceutical company Novartis. This purchase will allow Taiwan authorities to begin inoculations by the end of October. Moreover, whereas Adimmune's vaccine reportedly can only be used on individuals over 6 months of age, the Novartis vaccine is suitable for infants under 6 months of age. It is expected that an individual will require two doses of the H1N1 vaccine, which means that the combined Swiss and Taiwan vaccine stockpile will be able to inoculate one-third of the island's population. No guidelines for use of the vaccine have been developed in Taiwan, but TCDC has produced a 12 point priority list for inoculations. In addition to typhoon victims, the top of the list includes medical personnel, pregnant women, infants between six-months and one-year of age, and individuals older than seven-years who have severe diseases.

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TRAINING AS AN ANTIDOTE

17. (C) H1N1 has provoked aggressive media attention and criticism of the ruling authorities. As a novel flu pandemic, increased public attention on H1N1 is not unexpected. Moreover, memories of the 2003 SARS epidemic, where Taiwan was a virtual ground-zero, are still fresh on the island, and only add to the public's intense interest in the present flu. Finally, in the wake of a widely-perceived official mishandling of the response to Typhoon Morakot, opposition media and politicians have actively accused the ruling KMT party of further incompetence on addressing what they refer to as a public health emergency. H1N1 has become both a medical and political issue in Taiwan. The authorities have responded with twice daily press briefings in an attempt to "choke the media" with a glut of information, according to a highly placed contact in the public health field. Despite this, local media still print factually incorrect information, with the China Post recently referring to Tamiflu as a vaccine, in just one example. The authorities' greatest deficiency in handling H1N1, according to one source, is not in their medical response to H1N1, but rather in their ability to deal constructively with the media, and to launch an effective public education campaign that accurately communicates risks. The reactive, damage control-focused response taken by the authorities here has not benefited the KMT, medical professionals overseeing the response to H1N1, or the general public.

18. (C) A U.S. CDC Bangkok contact with extensive experience in Taiwan notes that U.S. CDC is in close and regular contact with Taiwan health authorities, and provides advice and recommendations on issues such as H1N1. However, bilateral cooperation is currently on an ad hoc basis, without a regularized mechanism for information exchange or training. While Taiwan does have good laboratory and analytical capacity, and maintains access to WHO materials on pandemic flu, we understand that Taiwan would benefit in this area from increased cooperation and training with U.S. CDC and HHS, particularly in the field of risk communication. Effective training in this area could help to mitigate the unhelpful public confusion and fear-mongering surrounding outbreaks of novel diseases, as described in para 7. We also understand that U.S. CDC does have the capacity to provide risk communication training, and a detailed request from the Taiwan side can get the ball rolling. AIT will encourage contacts in Taiwan CDC and the Ministry of Health to explore the possibility of new bilateral cooperation opportunities with the U.S., and will offer to coordinate between relevant U.S. and Taiwan agencies, as necessary.

AIT MONITORS SITUATION AS SCHOOL YEAR BEGINS

¶9. (SBU) The consular section has received virtually no inquiries concerning H1N1 from the American citizen community. Nonetheless, AIT parents with children at Taipei American School (TAS) have observed heightened concern among

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the parent population at the school. Both TAS and Taipei European School have instituted temperature screening procedures. One student at TAS has been confirmed positive for H1N1, and a second diagnosis in the same class would result in temporary closure of the class (Taiwan's so-called "3-2-5 Policy" states that a class will be closed for five days if two students in the same class exhibit flu symptoms within three days of each other). AIT has heard, but has not confirmed, that there may be three or more additional H1N1 cases at TAS. Last week, TAS administrators determined that the H1N1 situation was of sufficient seriousness that, as a precaution, they decided to cancel the middle school camp scheduled for the week of September 13. We anticipate that a class closure at either of the schools would considerably increase concern in the American community. Given the widespread media attention, we have not yet felt that a warden notice was necessary. As more schools re-open for the school year, and as developments progress, we will continue to monitor and evaluate what additional steps, including a warden notice, might be warranted.

¶10. (SBU) AIT will hold an EAC this Friday, August 7, to review overall preparedness and tripwires.
STANTON